

FEB. 27. 2004 3:22PM

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From : Barry S. Wilson**Date :** February 27, 2004**Client/Matter No :** 088802-2753**User ID No :** 3067**MESSAGE:****Re:** U.S. Patent Application No. 09/515,276
Our Ref.: SALK1650-2 (088802-2753)

Attached please find:

- Notice of Appeal (2 pages);
- Authorization to charge Deposit Account No. 50-0872 in the amount of \$165.00.

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PATENT

Atty. Docket No. SALK1650-2

(088802-2751)

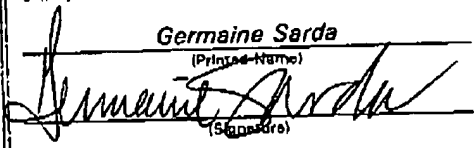
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

FEB 27 2004

Applicant: Marc R. Montminy
Title: METHODS FOR TREATING
DIABETES MELLITUS
Appl. No.: 09/515,276
Filing Date: 02/29/2000
Examiner: D. Wortman
Art Unit: 1648

CERTIFICATE OF FACSIMILE TRANSMISSION I hereby certify that this paper is being facsimile transmitted to the United States Patent and Trademark Office, Alexandria, Virginia on the date below. <u>Germaine Sarda</u> (Printed Name)  (Signature) <u>February 27, 2004</u> (Date of Deposit)
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NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD
OF PATENT APPEALS AND INTERFERENCES

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals from the decision of the final rejection dated 11/28/2003, of the Examiner finally rejecting Claims 1-7, 12 and 17-33.

☒ Applicant claims small entity status.

☒ Notice of Appeal Fee

☒ To be paid as detailed below

PATENT
Atty. Docket No. SALK1650-2
(088802-2753)

The required fees are calculated below:

<input checked="" type="checkbox"/>	Notice of Appeal Fee	\$330.00
<input type="checkbox"/>	Extension month:	\$0.00
<input type="checkbox"/>	Extension:	\$0.00
	FEE TOTAL:	\$330.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract 1/2 of above):	\$165.00
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- ☒ Please charge Deposit Account No. 50-0872 in the amount of \$165.00 . A duplicate copy of this transmittal is enclosed.
- ☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date February 27, 2004

By Barry S. Wilson
Barry S. Wilson
Registration No. 39,431
Attorney for Applicant

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